## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

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SECTION 1 - General Informa														T			
Name and Mailing Address		and a second second															
Consolidated Communications Services Company 121 S 17th Street Mattoon, IL 61938														Check here if this is a change of address.			
2. Year Report Filed  3. Reporting Period (Ending Date of Pay  4. Number of Full-Time Employees during Selected																	
				overed by Rep 1/2017	port)			Reporting Period (check one): a.  Fewer than 16 (complete Sections I, IV, and V only) b.  16 or more (complete all sections)									
SECTION II - Full-Time Emplo	oyee	s.						ï									
			Number of Employees (Report employees in only one category)														
Job Categories			Race/Ethnicity														
			anic or		Not-Hispanic or Latino											Total	
		La	tino		78-1-1-1	Ma	ale				Female					Columns A - N	
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	,,,,,,	
		Α	В	С	D	Е	F	G	Н	1	J	К	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1			15						1						16	
First/Mid-Level Officials and Managers	1.2	3	3	135	3		3	1	1	66	2		1			218	
Professionals	2	7	8	246	6		7	1		141	1		11	1	1	430	
Technicians	3	24		209	12	2	7			13	1					268	
Sales Workers	4	5	7	53	7	1	4			39	2				1	119	
Administrative Support Workers	5	5	25	81	5		7	1		205	13	2		1		345	
Craft Workers	6	17		184	4		3	1		3						212	
Operatives	7	2		15	14					9				ı		26	
Laborers and Helpers	8	1		6						2						9	
Service Workers	9															0	
TOTAL	10	64	43	944	37	3	31	4	1	479	19	2	12	2	2	1,643	
PREVIOUS YEAR TOTAL	11	66	45	985	37	3	32	5	3	527	28	2	12	3	4	1,752	

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SECTION III - Part-Time Employees.																
	Number of Employees (Report employees in only one category)															
Job	Race/Ethnicity															
Categories	Hispanic or Latino		Not-Hispanic or Latino													
					Ma	ale			Female						Columns A - N	
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
	Α	В	С	D	E	F	G	Н	1	J	К	L	М	N	0	
Executive/Senior Level Officials and Managers 1.1															0	
First/Mid-Level Officials and Managers 1.2			1												1	
Professionals · 2			4						1						5	
Technicians 3															0	
Sales Workers 4															0	
Administrative Support Workers 5						1			2						3	
Craft Workers 6			1			1									1	
Operatives 7			3												3	
Laborers and Helpers 8								•							0	
Service Workers 9															0	
TOTAL 10	0	0	9	0	0	1	0	0	3	0	0	0	0	0	13	
PREVIOUS YEAR TOTAL 11			9			1			5						15	
SECTION IV - Report of Discrimin	nation Compl	aints Pursua	nt to 47 CFR	22,321, 23.5	5, 90.168, 101	1.4, and 101.	311.									
This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.  This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company.  (Attack a list indicating parties involved data filed courts or appeals before which the matter has been heard, file number or other designation, and current status or disposition.																
(Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.  SECTION V - Certification																
	I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.															
	ed or Printed I di R. Sa	Name of Person	on Signing	Signature Telephone No. (507) 386-3509												
Title of Person Signing HRIS Analyst	WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).															